



**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

**APPLICATION INSTRUCTIONS AND INFORMATION**

1. On or before March 1 of each year, potential applicants for funding grants should submit a "Tentative Training Plan & Funding Request Estimate" for the next fiscal year (July 1 to June 30) on the form included in this packet.

This is not a mandatory step; however, applicants who have submitted tentative estimates which have been included in the approved budget will be given priority for funding. If all information is known, a complete "Application for Building Code Training Funds Grant" could be submitted as the tentative estimate to complete both steps.

2. At the March meetings, the Uniform Building Code Commission and the Education Advisory Committee will use the tentative estimates to establish its building code training budget for the next fiscal year.
  - a. Applicants are encouraged to attend the March budget planning meeting to explain their training plans. Applicants may be requested to submit additional information before the tentative estimate is included in the annual budget.
3. A complete "Application for Building Code Training Funds Grant" must be filed and approved prior to the date of the training program to qualify for funding. This is in addition to the tentative estimate previously submitted.
  - a. It is recommended that the complete application be submitted at least 45 days prior to the tentative training date.
  - b. ***ANY APPLICATION WHICH IS NOT RECEIVED 15 DAYS PRIOR TO A SCHEDULED COMMITTEE MEETING, WILL NOT BE PLACED ON THE COMMITTEE AGENDA FOR CONSIDERATION.***

Any application that is not timely submitted and approved prior to the training will be denied even if a tentative estimate was previously submitted. The inclusion of the tentative estimate on the annual budget is not the final approval required to obtain funding.

4. After a complete application is submitted to the Division, it is reviewed by the Education Advisory Committee. The Education Advisory Committee then makes a recommendation of whether the funding grant should be approved. If it is recommended for approval, the funding request must also then be approved by the Bureau Manager, Division Director, and Department Director.

The Education Advisory Committee usually meets on the second or third Tuesday of each month at 1:00 p.m. in the Heber Wells Building. Meeting dates and times are subject to change. Meeting dates, times, and agendas can be accessed at [www.dopl.utah.gov](http://www.dopl.utah.gov)

The following items may be considered by the Education Advisory Committee to determine whether they will make a recommendation to grant or deny an application for funding.

- a. Previous experience in providing training, including cost per-attendee and current cost estimates.
- b. How well the education fits in with the education committee's education objectives for the applicable year.
- c. If training is on the current version of the IBC, IPC, IMC, IRC, IFGC, IECC, NEC, codes and amendments adopted statewide.
- d. How well the text relates to the course objectives.
- e. Whether the education is targeted for inspectors, installers, or designers.
- f. The number of students, the hours of instruction, and the ratio of students per dollar to be spent for the education.
- g. The location or region of the state for which the education will be targeted.
- h. The percentage of the training being paid for by the student and by the 1% Education Fund.

## ITEMS QUALIFYING FOR STATE FUNDING

Reimbursement will only be for educational expenses that qualify for State Funding. Note: **Code Books** do not qualify for funding.

### The following is a list of items which qualify for funding:

Code Analysis and Code Update Books being used in the education  
Workbooks, Study Guides, or Textbooks used in the education  
Instructor Fees (national and local)  
Instructor Travel and Meals (*in-state mileage reimbursement \$.405 effective July 1, 2005*)  
Printing  
Mailing and Postage  
Brochures  
Meeting Rooms  
Audio Visual

**Please note:** *If you propose items which result in premium costs, such as luxury facilities or premium instructor fees, please be prepared to justify that the higher costs are necessary to assure the quality of education. Premium cost items which cannot be justified will not qualify for reimbursement from this fund. Any items that do not qualify for state funding must be included as part of the registration fee to be paid for by the participant or paid for by the sponsor of the program.*

5. Applicants will be notified in writing if the application has been approved or denied. Advertising and agenda or training material for the training program should include the following statement, ***"Partial funding of this training program has been provided by the Division of Occupational & Professional Licensing from the 1% Surcharge funds on all building permits."***
6. Please note it the responsibility of the sponsoring organization to assure that the training is provided by instructors who are qualified to teach the program by adequate education and experience. Furthermore the sponsoring organization is responsible to assure that instructors are adequately prepared to teach the class, including making an appropriate outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and to assure that the training is held for the time period specified in your request for funding. Please be aware that funding grants are based upon the sponsoring organization assurance that a quality training programs will be provided.

If the training is not held or the training is deficit in quality of presentation or preparation as outlined above, it could jeopardize your grant of funding. We recommend that the contract you enter into with instructors completely and accurately specify the responsibilities of the instructors and the consequences of failing to hold the training or the consequences of lack of adequate preparation, including provisions that the instructor may not be paid and any other penalties that may be assessed for their failure to perform as agreed.

7. As part of the training program, the sponsoring organization is required to obtain distribute an evaluation of the program to participants on the "Evaluation Form" which is included in this packet and to provide a summary of the "Evaluation Forms" completed by the participants on the "Summary of Evaluation Form" which is also included in this packet.
8. After completion of each course the sponsoring organization must complete and submit the following to the Division in order to obtain reimbursement for the training provided.
  - a. A "Request for Reimbursement Form"
  - b. An itemized invoice with attached receipts to back up charges
  - c. A roster of attendees
  - d. A copy of the advertising announcement and agenda, which includes the acknowledgement of funding as specified above
  - e. A "Summary of Evaluations Form" as specified above.

DEPARTMENT OF COMMERCE  
Division of Occupational and Professional Licensing  
160 East 300 South, Main Lobby  
P.O. Box 146741  
Salt Lake City, UT 84114-6741  
(801) 530-6628



## TENTATIVE TRAINING PLANS & FUNDING REQUEST

### ESTIMATE

**Fiscal Year (July 1, 2005 – June 30, 2006)**

Current Date: \_\_\_\_\_

Name of Organization or School: \_\_\_\_\_

Contact Person (Name): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Title of Training: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

Location(s): \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Estimated Amount of Funding Grant: \$ \_\_\_\_\_

Summary Total (if more than one event): \$ \_\_\_\_\_

*If you are planning for more than one event and/or funding application, please attach additional sheets and show the summary total on the top sheet.*

DEPARTMENT OF COMMERCE  
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## APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

Revised – July 19, 2005

☐ **New Request** \$ \_\_\_\_\_ ☐ **Additional Funding Request** \$ \_\_\_\_\_

Date: \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Requesting Organization: \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_ Location(s): \_\_\_\_\_

Function Title: \_\_\_\_\_

Training Objectives: \_\_\_\_\_

### EDUCATION COMMITTEE ACTION

**Advisory Committee Recommendation:** ☐ (Favorable) ☐ (Unfavorable)

**Date:** \_\_\_\_\_ **Amount Recommended** \$ \_\_\_\_\_

**Reason:** \_\_\_\_\_

### DEPARTMENT OF COMMERCE ACTION

☐ (Approved) ☐ (Not Approved)

**Bureau Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Approved:** \$ \_\_\_\_\_

## Detailed Description of Education / Training

Number of Classroom Hours: \_\_\_\_\_ Expected Number of Attendees: \_\_\_\_\_

**Education/Training is targeted at the following: (each course)**

**Inspectors:**

☐ Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Plans

**Contractors/Installers:**

☐ Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Plans

**Designers:**

☐ Engineers ☐ Architects ☐ Other: \_\_\_\_\_

**Level of Curriculum:**

☐ Beginner ☐ Novice ☐ Mid level ☐ Professional ☐ Expert

**Please provide information for each course being taught. Attach additional pages if needed.**

**Course Description:** \_\_\_\_\_  
\_\_\_\_\_

**Describe how the training relates to the education goals of the Education Committee for the current year:**

\_\_\_\_\_  
\_\_\_\_\_

**Text to be used:** \_\_\_\_\_

**Instructor:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## SUMMARY COST OF TRAINING

Estimated Cost of Training: \$\_\_\_\_\_

Estimated Number of Attendees (total): \_\_\_\_\_

State Cost per Hour of Instruction: \_\_\_\_\_ Formula:  $\text{State funding} \div (\text{total \# students} \times \text{total hours of instruction})$

## TRAINING REVENUE

### Funding Participants (Excluding the Division)

### Amount

Jurisdiction: \_\_\_\_\_ \$ \_\_\_\_\_

Organization/Association: \_\_\_\_\_ \$ \_\_\_\_\_

Amount from Sponsor(s): \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fee (per person): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Training Revenue Anticipated:** \$ \_\_\_\_\_

{ *Subtract portion of registration fees for use to pay non-reimbursable expenses such as breaks, code books or other costs.* }

\$ \_\_\_\_\_

{ *Subtract portion of registration fees to be applied against educational costs for which you are requesting funding.* }

\$ \_\_\_\_\_

**Balance of Total Revenue Anticipated:** \$ \_\_\_\_\_

## TRAINING EXPENDITURES FOR WHICH YOU ARE REQUESTING REIMBURSEMENT

### Description/Item:

### Amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total reimbursable training expenditures anticipated: \$ \_\_\_\_\_

Less portion of registration to be applied to educational cost: \$ \_\_\_\_\_

**Total anticipated reimbursement request:** \$ \_\_\_\_\_

**If space provided is not adequate, please attach an itemized list in the above format.**

**Attach a copy of the course outline and any additional documentation.**

\_\_\_\_\_  
\_\_\_\_\_  
I hereby verify that any funds requested from the state will not be reimbursed from any other source and that if the request for funding is approved, we will provide the training program as outlined above and assure that instructors are appropriately qualified and prepared to present the training program.

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**STATE OF UTAH**  
**Division of Occupational & Professional Licensing**  
**BUILDING CODE TRAINING**



**Instructor Payment Form**

(Request for Authorization for Payment for Instruction Services)

Name of Instructor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Class Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time Period: \_\_\_\_\_

Location: \_\_\_\_\_

**CHECK ONE:**

- \_\_\_\_ 1. I am **not** employed by the State or local government and request payment be made to me.
- \_\_\_\_ 2. I am employed by the State or local government **AND**
- a. \_\_\_\_ I am taking leave from the State/local government to present this seminar and request payment to me.
- b. \_\_\_\_ I am not taking leave from the State/local government and therefore not eligible to receive payment;
- i) \_\_\_\_ Therefore, I am not requesting payment.
- ii) \_\_\_\_ But I am requesting payment to my employer to reimburse for my time.

**Amount of Reimbursement Requested:**

Instructor Fees:

Instruction	\$ _____
Mileage (# miles @ \$.405 =)	\$ _____ ( _____ X \$.405 = \$ _____ )
Hotel/Motel	\$ _____
Meals (B: \$6.00 L: \$9.00 D: \$15.00)	\$ _____
Other _____	\$ _____
Total	\$ _____

*I hereby certify that the above information is true and accurate; that I am adequately qualified by education and experience to teach the course, that I was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and that I provided the training for the full time period and subject matter presented in the funding request.*

\_\_\_\_\_  
(Instructor's Signature)

\_\_\_\_\_  
(Date)

Payment Approved for \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_



## REQUEST FOR REIMBURSEMENT FORM

We are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement and agenda. We provided the training program as outlined in our original application except for the following changes:

**(Please identify any changes that have been made in subjects, dates, locations or instructors.)**

Title/Subject	Date(s)	Location(s)	# Hours of Session	# Attendees

Instructor Fees and Travel/Meals \$ \_\_\_\_\_

Instructor's Name(s): \_\_\_\_\_

Textbooks, Workbooks, Code Update Books

Title(s): \_\_\_\_\_ \$ \_\_\_\_\_

Facility Cost: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Printing: \$ \_\_\_\_\_

Postage and handling: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Educational Expenditures: \$ \_\_\_\_\_

Deduct portion of registration fees applied to educational costs: \$ \_\_\_\_\_

Balance/Total Reimbursement Request: \$ \_\_\_\_\_

I/we hereby verify that I/we provided this educational program for which we obtained approval prior to the program and I hereby verify that these expenses have been paid by our organization and that we have received no other reimbursement for these expenses from any other source. I/we further verify that that the instructor was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Federal I.D. Number

\_\_\_\_\_  
Authorized Representative (Type/Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF UTAH  
BUILDING CODE TRAINING  
EVALUATION FORM**



Instructor (s): \_\_\_\_\_ Location: \_\_\_\_\_

Class Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Please check the answer to the right indicating your response to evaluate this training program.

Thank you for your help.

1. Did the instructor have the knowledge and experience to teach this program?      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

2. Were appropriate training handouts or workbooks provided?      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. Would you recommend further courses on this subject?      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

4. Would you recommend this instructor for other courses?      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

5. Please provide your evaluation of this instructor.      **Excellent**                      **Good**                      **Poor**

Comments or Suggestions:

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**NOTE:** Completion of this form is required in order for the Sponsoring Organization to obtain reimbursement for the training provided from the State of Utah, Department of Commerce, Division of Occupational and Professional Licensing Uniform Building Code Training Fund.

Evaluation forms revised-3 (adopted 12-13-2005)

**STATE OF UTAH  
BUILDING CODE TRAINING  
SUMMARY OF EVALUATION FORMS**



Instructor (s): \_\_\_\_\_ Location: \_\_\_\_\_

Class Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Please indicate the number of responses for each item and provide a copy of all evaluation forms with comments. Total number of responses for the questions below \_\_\_\_\_.

Would the Sponsoring Organization, based upon the responses, recommend this instructor(s) for future seminars or classes? (Please mark one) **Yes** \_\_\_\_\_  
**No** \_\_\_\_\_

Thank you for your help.

1. Did the instructor have the knowledge and experience to teach this program?  
# of Reponses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

2. Were appropriate training handouts or workbooks provided?  
# of Reponses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. Would you recommend further courses on this subject?  
# of Reponses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

4. Would you recommend this instructor for other courses?  
# of Reponses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

5. Evaluation of this instructor: **Excellent** \_\_\_\_\_ **Good** \_\_\_\_\_ **Poor** \_\_\_\_\_

Please include the Sponsoring Organization comments or observations:

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